# Commonwealth of Pennsylvania - Campaign Finance Report (Note: This report must be clear and legible. It should be typed)

Filer Identification		Report Filed B	y Candida	te	Committee	\(\infty\)	Lobbyist	
Number		( Mark X)						
Name of Filing Committee	e, Candidate or	Friend	5 06 €	Robert	Vato	5		
Lobbyist Street Address		1320	Apr. 1990					
		1560	State	LAVR	Zip Code	11 00 1		
City	Erie		State	BA	z.p couc	16503		
Type of Report (Place x ur					<del></del>	la land	Cuasi-120 D	211
	riday 3- 30 Day Post		5- 2 <sup>nd</sup> Friday	6-30 Day Post	t 7- Annual	Special 2 <sup>nd</sup> Friday Pre-Election	Special 30 D Post-Electio	
Pre-Primary Pre-Prim		Pre- Election	Pre- Election	Election		rie-Election	1 OSC-EIECTIO	
				$\searrow$				
Date Of Election		Year		Amendment		Termination		
(MM/DD/YYYY)	11-7-17		2017	Report		Report		
Summary of Receipts and	d From Date	To Date			For	Office Use Only		
Expenditures								
	10-24-1	7 11-2	27-17			4	2017	
A. Amount Brought Forw		160	2.41			mm :	3	
B. Total Monetary Contributions and Receipts \$ 5								
(From Schedule I)		6 .	,				0)	
C. Total Funds Available		\$ 16	17.41			( )		
(Sum of Lines A and B)  D. Total Expenditures						01 C.		
(From Schedule III)		14	97.75			RT	12:	
E. Ending Cash Balance		4		PM 12: 15 °				
(Subtract Line D from Lin		111	9.66	15 Ox				
F. Value of In-Kind Contr	ibutions Received	\$					· Q	
(From Schedule II)							X	
G. Unpaid Debts and Ob	ligations	\$		1				
(From Schedule IV)			Affidavit Se	ction				
Part 1- If this is a Committee	e renort, treasurer sign l	nere. If this is a Ca	ndidate report, c	andidate sign here	e.			
I swear (or affirm) that this	report, including the att	ached schedules o	on paper, is to the	best of my know	ledge and belief t	true, correct and compl	ete.	
Sworn to and subscribed be		MONWEALTH O	F PENNSYLVANL		11/	V		
ay of DC	17	NOTARIA		1	1	1		
day of Dec	_	essica M. Britk,		1 1 -	re of Person Subi	mitting report		
Jasuca M	My My	Millereek Typ, commission expir		Dinner	Printed Nar	ne -		
Signature	1.11	, VIII		( ), )		. —		
My Commission expires	4-10-19	_	_	814		97-960/		
The second of th	MO. DAY YE	₹.		Area Code	Da	aytime Telephone Numl	per	
Part II- If this is a report of a	Candidate's Authorize	d Committee, can	didate shall sign l	here.				
I swear (or affirm) that to the	he best of my knowledge	and belief this p	olitical committee	has not violated	any provisions of	f the Act of June 3, 1937	7 (P.L. 1333, NO.	320) as
amended.	8 115				2250			
Sworn to and subscribed be	efore me this			DI	Dul	1_		
1 cm Noc	COM	MONWEALTH OF	THE RESERVE AND ADDRESS OF THE PARTY OF THE	Kobe	Myla	10 L		
day of Dec	20 1	NOTARIAI ssica M. Brink,			Signature/of Cand	didate		
assure !		Millcreek Two,		RUBE	11 3	· 4A(12-	>	
Signature		commission expir		au	Printed Name	11110 000	_	
	4-10-19		C. C	1/9		447.7750	<u></u>	
My Commission expires	AO. DAY YR.		-	Area Code	Da	ytime Telephone Numb	er	
7								
1								

### SCHEDULE I

## **Contributions and Receipts**

**Detailed Summary Page** 

Filer Identification Number		
	3.00	
1.Unitemized Contributions and Receipts-\$50.00 or Less per Contributor		
Total for the reporting period (1)	\$	75
2. Contributions of \$50.01 to \$250.00 (From Part A and Part B)		
Contributions Received from Political Committees (Part A)	\$	
All Other Contributions (Part B)	\$	
Total for the reporting period (2)	\$	
3. Contributions Over \$250.00 (From Part C and Part D)		
Contributions Received from Political Committees (Part C)	\$	
All Other Contributions (Part D)	\$	
Total for the reporting period (3)	\$	
4. Other Receipts-Refunds, Interest Earned, Returned Checks, ETC. (From Part E)		
Total for the reporting period (4)	\$	*
Total Monetary Contributions and Receipts during this reporting period (Add and enter amount totals from Boxes 1, 2, 3 and 4; also enter this amount on Page 1, Report Cover Page, Item B)	\$	75

#### PART A

### **Contributions Received From Political Committees**

\$50.01 TO \$250.00
Use this Part to itemize only contributions received from Political Committees with an aggregate value from \$50.01 TO \$250.00 in the reporting period.

			Amount
		Date [MM/DD/YYYY]	\$
		Date [MM/DD/YYYY]	\$
State	Zip Code	Date [MM/DD/YYYY]	\$
	'	Date [MM/DD/YYYY]	\$
		Date [MM/DD/YYYY]	\$
State	Zip Code	Date [MM/DD/YYYY]	\$
<u> </u>		Date [MM/DD/YYYY]	\$
		Date [MM/DD/YYYY]	\$
State	Zip Code	Date [MM/DD/YYYY]	\$
		Date [MM/DD/YYYY]	\$
		Date [MM/DD/YYYY]	\$
State	Zip Code	Date [MM/DD/YYYY]	\$
		Date [MM/DD/YYYY]	\$
		Date [MM/DD/YYYY]	\$
State	Zip Code	Date [MM/DD/YYYY]	\$
		Date [MM/DD/YYYY]	\$
		Date [MM/DD/YYYY]	\$
State	Zip Code	Date [MM/DD/YYYY]	\$
	State   State   State	State Zip Code  State Zip Code  State Zip Code	Date [MM/DD/YYYY]

#### **PART B**

### **All Other Contributions**

\$50.01 TO \$250

Use this Part to itemize all other contributions with an aggregate value from \$50.01 TO \$250 in the reporting period.

(Exclude contributions from political committees reported in Part A.)

Filer Identification Number:

Full Name of Contributor			Date [MM/DD/YYYY]	\$
House # Street Addr	ess		Date [MM/DD/YYYY]	\$
City	State	Zip Code	Date [MM/DD/YYYY]	\$
Full Name of Contributor			Date [MM/DD/YYYY]	\$
House # Street Addr	ress		Date [MM/DD/YYYY]	\$
City	State	Zip Code	Date [MM/DD/YYYY]	\$
Full Name of Contributor			Date [MM/DD/YYYY]	\$
House # Street Add	ress		Date [MM/DD/YYYY]	\$
City	State	Zip Code	Date [MM/DD/YYYY]	\$
Full Name of Contributor			Date [MM/DD/YYYY]	\$
House # Street Add	ress		Date [MM/DD/YYYY]	\$
City	State	Zip Code	Date [MM/DD/YYYY]	\$
Full Name of Contributor			Date [MM/DD/YYYY]	\$
House # Street Add	ress		Date [MM/DD/YYYY]	\$
City	State	Zip Code	Date [MM/DD/YYYY]	\$
Full Name of Contributor			Date [MM/DD/YYYY]	\$
House # Street Add	ress		Date [MM/DD/YYYY]	\$
City	State	Zip Code	Date [MM/DD/YYYY]	\$

#### PART C

### **Contributions Received From Political Committees**

Over \$250.00

Use this Part to itemize only contributions received from Political Committees with an aggregate value over \$250.00 in the reporting period.

Filer Identification	Number:				
					the transfer of the second second
Full Name of				Date [MM/DD/YYYY]	\$
Contributing Con	nmittee			- Company - Comp	
House #	Street Address			Date [MM/DD/YYYY]	\$
			12:	and the state of t	6
City		State	Zip Code	Date [MM/DD/YYYY]	\$
Full Name of Contributing Con	amittee			Date [MM/DD/YYYY]	\$
contributing con					
House #	Street Address			Date [MM/DD/YYYY]	\$
City		State	Zip Code	Date [MM/DD/YYYY]	\$
Full Name of Contributing Con	nmittee			Date [MM/DD/YYYY]	\$
House #	Street Address			Date [MM/DD/YYYY]	\$
City		State	Zip Code	Date [MM/DD/YYYY]	\$
Full Name of Contributing Cor	nmittee			Date [MM/DD/YYYY]	\$
House #	Street Address			Date [MM/DD/YYYY]	\$
City		State	Zip Code	Date [MM/DD/YYYY]	\$
				D. Taradan banas	É
Full Name of Contributing Cor	mmittee			Date [MM/DD/YYYY]	\$
House #	Street Address			Date [MM/DD/YYYY]	\$
City		State	Zip Code	Date [MM/DD/YYYY]	\$
Full Name of Contributing Co	mmittee			Date [MM/DD/YYYY]	\$
				Date [MM/DD/YYYY]	\$
House #	Street Address			Date [WW/DD/1111]	
City		State	Zip Code	Date [MM/DD/YYYY]	\$

#### PART D

### **All Other Contributions**

Over \$250.00

Use this Part to itemize all other contributions with an aggregate value over \$250.00 in the reporting period. (Exclude contributions from political committees reported in Part C)

ull Name of Contributor		N.	Date [MM/DD/YYYY]	\$
			Data (MANA/DD/VVVV)	\$
ouse # Street Addre	ess		Date [MM/DD/YYYY]	
ity	State	Zip Code	Date [MM/DD/YYYY]	\$
mployer Name			Occupation	
mployer Mailing Address / rincipal Place of Business				
ull Name of Contributor			Date [MM/DD/YYYY]	\$
louse # Street Addr	ess		Date [MM/DD/YYYY]	\$
ity	State	Zip Code	Date [MM/DD/YYYY]	\$
mployer Name			Occupation	
mployer Mailing Address / Principal Place of Business				
full Name of Contributor			Date [MM/DD/YYYY]	\$
House # Street Add	ress		Date [MM/DD/YYYY]	\$
City	State	Zip Code	Date [MM/DD/YYYY]	\$
Employer Name			Occupation	
Employer Mailing Address /				
Principal Place of Business Full Name of Contributor			Date [MM/DD/YYYY]	\$
House # Street Add	ress	<u> </u>	Date [MM/DD/YYYY]	\$
City	State	Zip Code	Date [MM/DD/YYYY]	\$
Employer Name			Occupation	
Employer Mailing Address / Principal Place of Business				

#### PART E

### **Other Receipts**

### REFUNDS, INTREST INCOME, RETURNED CHECKS, ETC.

Use this Part to report refunds received, interest earned, returned checks and prior expenditures that were returned to the filer.

Filer Identification Number:			
Full Name			
House # Street Addres	s		
City	State	Zip Code	Date [MM/DD/YYYY] \$
Receipt Description			
Full Name			
House # Street Addres			
City	State	Zip Code	Date [MM/DD/YYYY] \$
Receipt Description			
Full Name			
House # Street Addres	s		
City	State	Zip Code	Date [MM/DD/YYYY] \$
Receipt Description			
Full Name			
House # Street Addres	s		
City	State	Zip Code	Date [MM/DD/YYYY] \$
Receipt Description	1		
Full Name			
House # Street Addres	s		
City	State	Zip Code	Date [MM/DD/YYYY] \$
Receipt Description			
Full Name			
House # Street Addres	ss		
City	State	Zip Code	Date [MM/DD/YYYY] \$
Receipt Description			

#### SCHEDULE II

### IN-KIND CONTRIBUTIONS AND VALUABLE THINGS RECIEVED

USE THIS SCHEDULE TO REPORT ALL IN-KIND CONTRIBUTIONS OF VALUABLE THINGS DURING THE REPORTING PERIOD DETAILED SUMMARY PAGE

Filer Identification Number:	
UNITEMIZED IN-KIND CONTRIBUTIONS RECEIVED-VALUE OF \$50	0.00 OR LESS PER CONTRIBUTOR
TOTAL for the reporting period (1)	\$
2. IN-KIND CONTRIBUTIONS RECEIVED-VALUE OF \$50.01 TO \$250.	00 (FROM PART F)
TOTAL for the reporting period (2)	\$
3. IN-KIND CONTRIBUTION RECEIVED-VALUE OVER \$250.00 (FROM	// PART G)
TOTAL for the reporting period (3)	\$
TOTAL VALUE OF IN-KIND CONTRIBUTIONS DURING THIS REPORTING PERIOD (Add and enter amount totals from boxes 1, 2, and 3; also enter on Page 1, Report Cover Page, Item F)	\$

#### SCHEDULE II PART F

### **In-Kind Contributions Received**

VALUE OF \$50.01 TO \$250

Filer Identification Number:				
Full Name of Contributor			Date [MM/DD/YYYY]	\$
House # Street Address			Date [MM/DD/YYYY]	\$
City	State	Zip Code	Date [MM/DD/YYYY]	\$
Description of Contribution			·	
Full Name of Contributor			Date [MM/DD/YYYY]	\$
House # Street Address			Date [MM/DD/YYYY]	\$
City	State	Zip Code	Date [MM/DD/YYYY]	\$
Description of Contribution				
Full Name of Contributor			Date [MM/DD/YYYY]	\$
House # Street Address			Date [MM/DD/YYYY]	\$
City	State	Zip Code	Date [MM/DD/YYYY]	\$
Description of Contribution				
Full Name of Contributor			Date [MM/DD/YYYY]	\$
House # Street Address			Date [MM/DD/YYYY]	\$
City	State	Zip Code	Date [MM/DD/YYYY]	\$
Description of Contribution				
Full Name of Contributor			Date [MM/DD/YYYY]	\$
House # Street Address	5		Date [MM/DD/YYYY]	\$
City	State	Zip Code	Date [MM/DD/YYYY]	\$
City	State	Zip Code	Date [WIW/DD/1111]	
Description of Contribution		,		

## SCHEDULE II Part G

### **In-Kind Contributions Received**

VALUE OVER \$250

Filer Identification I	Number:				
Full Name of Con	ntributor			Date [MM/DD/YYYY]	\$
House #	Street Address			Date [MM/DD/YYYY]	\$
City		State	Zip Code	Date [MM/DD/YYYY]	\$
	200 880 200 400				
Employer Name				Occupation	
Employer Mailing Place of Business	ng Address / Principal ss			Description of Contribution	
Full Name of Con	ntributor			Date [MM/DD/YYYY]	\$
House #	Street Address			Date [MM/DD/YYYY]	\$
City		State	Zip Code	Date [MM/DD/YYYY]	\$
Employer Name				Occupation	
	ng Address / Principal			Description of Contribution	
Full Name of Cor	ntributor	-		Date [MM/DD/YYYY]	\$
House #	Street Address			Date [MM/DD/YYYY]	\$
City		State	Zip Code	Date [MM/DD/YYYY]	\$
Employer Name				Occupation	
	ing Address / Principal			Description of Contribution	
Full Name of Co	ontributor			Date [MM/DD/YYYY]	\$
House #	Street Address			Date [MM/DD/YYYY]	\$
City		State	Zip Code	Date [MM/DD/YYYY]	\$
Employer Name				Occupation	
	ing Address / Principal			Description of	
riace of Busine				Contribution	

# Statement of Expenditures

	THE REAL PROPERTY OF THE PERSON NAMED IN COLUMN	THE RESIDENCE OF THE PARTY OF T
Filer Identification N	ımher:	
Filer identification is	antiber.	

To Whom Paid		The Constitution				Date [MM/DD/YYYY]	\$ 510
	Erio (vant	4 Cour	nci) F	aul	Lirsun	71-75-01	50
House # 3815	Ct A A A A A	,	E Ave			Description of Expendit	ıre
City Erve		State	PA	Zip Code	16508	Donation	\
To Whom Paid						Date [MM/DD/YYYY]	\$
To willow that	Connesier	ur h	volice			10-27-17	770.95
House #	Street Address	Busto	n Sto	ce Pl		Description of Expenditu	ire
City Erie	,	State	87	Zip Code	16501	Advertising	Y
To Whom Paid			The second second	ile — W	Tall to the state of the state	Date [MM/DD/YYYY]	(\$ / () 11.2
	USPS					11-15-01	68.00
House #	Street Address	06/11	in Ro	\		Description of Expenditu	ire
City Erie		State	PA		16506	Postane	
To Whom Paid	^ ·	0	1			Date [MM/DD/YYYY]	\$ 492.20
	(alony	Yu	6			11-7-17	
House # 26.70		W. 81	thst			Description of Expendit	ure
City E	VIETNIE BUILDING	State	RA	Zip Code	16505	Catering	- election
- 111 - 511	A STATE OF THE PARTY OF THE PAR					Date [MM/DD/YYYY]	\$ 11/
TO WITCHIT FAIL	Copy ric	int	Prin	ting		11-17-17	116.60
			the ch	0		Description of Expendit	ure
House # 287	Street Address	N. 56	57.				
City Ex	Street Address	State	PA.	Zip Code	16506	Printing	,
				Zip		Date [MM/DD/YYYY]	
City KY1				Zip			)\$
To Whom Paid  House #	2	State		Zip Code		Date [MM/DD/YYYY]	)\$
To Whom Paid	2			Zip		Date [MM/DD/YYYY]  Description of Expendit	) \$ ure
To Whom Paid  House #	2	State		Zip Code		Date [MM/DD/YYYY]	)\$
To Whom Paid  House #	2	State		Zip Code		Date [MM/DD/YYYY]  Description of Expendit	ure \$
To Whom Paid  House #  City  To Whom Paid	Street Address	State		Zip Code Zip Code		Date [MM/DD/YYYY]  Description of Expendit  Date [MM/DD/YYYY]	ure \$
To Whom Paid  House #  City  To Whom Paid  House #  City	Street Address	State		Zip Code Zip Code		Date [MM/DD/YYYY]  Description of Expendit  Date [MM/DD/YYYY]	ure \$
To Whom Paid  House #  City  To Whom Paid  House #	Street Address	State		Zip Code Zip Code		Date [MM/DD/YYYY]  Description of Expendit  Date [MM/DD/YYYY]  Description of Expendit	s sure
To Whom Paid  House #  City  To Whom Paid  House #  City	Street Address	State		Zip Code Zip Code		Date [MM/DD/YYYY]  Description of Expendit  Date [MM/DD/YYYY]  Description of Expendit	ure \$
To Whom Paid  House #  City  To Whom Paid  House #  City  To Whom Paid	Street Address  Street Address	State		Zip Code Zip Code		Date [MM/DD/YYYY]  Description of Expendit  Date [MM/DD/YYYY]  Description of Expendit  Date [MM/DD/YYYY]	ure \$

#### SCHEDULE IV

Statement of Unpaid Debts

Use this Section to itemize all unpaid debts and obligations which are outstanding at the end of the reporting period.

	Section to itemize all unpaid deb		MIN. WINAMAN AND THE PARTY OF T	
ller Identification	Number:			
lame of Credito	or			Outstanding Balance of Debt
louse #	Street Address		DATE DEBT INCURRED [MM/DD/YYYY]	\$
ity		State	Zip Code	
escription of D	ebt			
Name of Creditor				Outstanding Balance of Debt
louse #	Street Address		DATE DEBT INCURRED [MM/DD/YYYY]	\$
City		State	Zip Code	
Description of D	Debt		30.00	
Name of Creditor				Outstanding Balance of Debt
House #	Street Address		DATE DEBT INCURRED [MM/DD/YYYY]	\$
City		State	Zip	
Description of D	Debt		Code	
Name of Creditor				Outstanding Balance of Debt
House #	Street Address	DATE DEBT INCURRED [MM/DD/YYYY]		\$
City		State	Zip Code	
Description of C	Debt			
Name of Creditor				Outstanding Balance of Debi
House #	Street Address		DATE DEBT INCURRED [MM/DD/YYYY]	\$
City		State	Zip Code	
Description of (	Debt			
Name of Credit	cor			Outstanding Balance of Deb
House #	Street Address		DATE DEBT INCURRED [MM/DD/YYYY]	\$
City		State	Zip Code	
Description of	S.L.		code	